

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213538377			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BETA ALPHA HOUSE CORPORATION OF KAPPA DELTA SORORITY, A VIRGINIA CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BETTY S. W. GRAUMLICH REED SMITH LLP 901 EAST BYRD STREET, SUITE 1700 RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 01878586</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 136 CHANCELLOR STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CINDY RICHARDSON MILTON TITLE: PRESIDENT ADDRESS: 7312 IDYLBROOK COURT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CINDY RICHARDSON MILTON TITLE: PRESIDENT ADDRESS: 7312 IDYLBROOK COURT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY S. W. GRAUMLICH DIRECTOR 4401 WYTHE AVENUE RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI VASTA HEALY DIRECTOR 2009 CARRHILL RD VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAT SILVERMAN DIRECTOR 7010 HOLLYROOD DR MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRITTANY MERKLE DIRECTOR 136 CHANCELLOR STREET CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARY DAHLMAN COWDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY DAHLMAN COWDEN, TREASURER PRINTED NAME AND CORPORATE TITLE	8/17/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			